

City of Conover Special Needs Registry Application

The Special Needs Registry provides vital information to emergency responders in the event of a 9-1-1 call and/or during an emergency event (e.g. medical emergency, fire, winter or summer storm, tropical storm, flood, blizzard, power outage, disease outbreak). This program is voluntary and individuals on the registry have the option to accept or deny assistance. Completion of this form in no way guarantees that the registered individual will receive immediate or preferential treatment in an emergency event or a non emergency situation. **Individuals should maintain a personal emergency plan.**

Personal Information

PLEASE PRINT CLEARLY

Date of Application:

New Application

Update of Previous Application

Last Name:	First Name:	MI:	Date of Birth:	Gender:
Street Address:	City:	Zip:	Primary Phone #:	
			Alternate Phone #:	
Mailing Address (<i>If different</i>):	City:	Zip:	Email Address (<i>optional</i>):	

For the Hearing Impaired: Do you use sign language: ☐ Yes ☐ No

TTD / TTY #:

Name of Subdivision, Mobile Home Park, Apartment Building, etc.:

Primary Language:

Living Situation (*Circle one*): Live Alone With Spouse / Partner With Children With Parents Other
(*Explain*)

Medical Information (*Check those that apply to your medical condition.*)

<input type="checkbox"/> Hearing Impaired	<input type="checkbox"/> G-tube Feeders
<input type="checkbox"/> Asthma, Emphysema, or COPD	<input type="checkbox"/> Insulin Dependent
<input type="checkbox"/> Visually Impaired	<input type="checkbox"/> I.V. Medication
<input type="checkbox"/> Seizures	<input type="checkbox"/> Walker
<input type="checkbox"/> Speech Impaired	<input type="checkbox"/> Incontinence Supplies
<input type="checkbox"/> Memory Impaired	<input type="checkbox"/> Refrigeration for Medication
(<i>Specify condition</i>): _____	<input type="checkbox"/> Special Dietary Needs (<i>Explain</i>) _____
<input type="checkbox"/> Developmentally Disabled	<input type="checkbox"/> Portable Oxygen Machine
<input type="checkbox"/> Mental Health Condition	<input type="checkbox"/> Oxygen Concentrator or Ventilator
<input type="checkbox"/> Ongoing contagious condition	<input type="checkbox"/> Continuous
(<i>Specify condition</i>): _____	<input type="checkbox"/> Intermittent
<input type="checkbox"/> Bedridden	<input type="checkbox"/> Other (<i>Explain</i>) _____
<input type="checkbox"/> Wheelchair Bound	
<input type="checkbox"/> Ostomy Care	
<input type="checkbox"/> Weight in excess of 400 pounds	

** If you require a special diet and must go to a shelter be prepared - pack and bring with you the appropriate foods.*

Any other required or life-sustaining equipment or medication:

Medication Management: You are strongly encouraged to complete a "Vial of Life" form listing all medications. If the form is not attached, please contact City of Conover Fire Department at (828) 464-1295 for more information.

Emergency Contact Information

In-state Emergency Contact

Last Name	First Name	Relationship	Phone

Out-of-state Emergency Contact

Last Name	First Name	Relationship	Phone

Medical Provider Information *(Fill in all that apply)*

Physician Name:	Phone:

Pharmacy Name:	Phone:

Home Health Care Agency Name (or personal caregiver)	Phone:

Respiratory Equipment Provider (if applicable)	Phone:

Shelter Information

Can you, a family member or friend provide you with transportation to a shelter in an emergency? ☐ Yes ☐ No

If you need assistance with transportation, check one of the following:

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> Automobile | <input type="checkbox"/> Van with wheelchair lift |
| <input type="checkbox"/> Bus | <input type="checkbox"/> Medical transport required |

Pet Information*

Do you have pets that would require special attention if you were asked to evacuate your home? If so indicate the number of:

_____ dogs	_____ service animal
_____ cats	_____ other
(Describe other) _____	

** Individuals are responsible for caring for the needs of an assistance animal, including bringing food and other essential needs to the shelter. Service animals are allowed in shelters but must provide proof of current rabies vaccine. Pets may not be able to accompany you to the shelter. Pet friendly shelters may be available.*

Emergency Planning

In case of an emergency, do you plan to? *(Place an (x) for the one that applies)*

1. _____ Stay with family or others
2. _____ Stay at home
3. _____ Evacuate to an appropriate facility, independently
4. _____ Evacuate to an appropriate facility with caregiver

Authorization Information

By signing this form, I / legal guardian agree that my name be added to the City of Conover Special Needs Registry. In the event of an emergency I hereby authorize the exchange of information between Catawba County Emergency Services and the individuals and agencies listed on this form. I grant emergency responders permission to enter my home following an emergency event or disaster situation, if necessary, to assure my safety and welfare.

Applicant Signature	Date
X	

Authorized Guardian Signature	Date
X	

Return Completed Forms to: Attn. Special Needs, City of Conover Fire Department
PO Box 549, Conover, NC 28613

Do you have questions regarding this form? Contact Conover Fire Department at (828)-464-1295.